

# National Newspaper Coverage of Minority Health Disparities

Anouk Amzel, MD, MPH and Chandak Ghosh, MD, MPH

**Objectives:** To assess American newspaper coverage regarding racial and ethnic minority health disparities (MHDs).

**Methods:** LexisNexis® was queried with specific word combinations to elicit all MHD articles printed in 257 newspapers from 2000–2004. The full texts were read and articles categorized by racial/ethnic group and specific MHD topics mentioned.

**Results:** In the five years from 2000–2004, 1,188 MHD articles were published, representing 0.09% of all articles about health. Newspapers gave much attention to MHD when discussed in conferences and meetings and speeches by senior health officials and politicians. Cancer, cardiovascular disease and HIV/AIDS were most frequent among disease-specific mentions. Articles about African Americans comprised 60.4% of all race/ethnicity-mentioning articles.

**Conclusions:** Despite the release of major organizational reports and the publication of many studies confirming the prevalence of MHD, few newspaper articles have been published explaining MHD to the public. Because of the general public's low rate of health literacy, the health world should collaborate with the media to present a consistent, simple message concerning gaps in care experienced by all racial/ethnic minority groups. In a time of consumer-directed healthcare, if Americans understand that MHDs exist, they may galvanize to advocate for disparity elimination and quality improvement.

**Key words:** health disparities ■ minority health

© 2007. From the Department of General Pediatrics, Morgan Stanley Children's Hospital of New York, Columbia University Medical Center, New York, NY (Amzel, public health, health policy, pediatrics; Ghosh, federal health policy, disparities, ophthalmology). Send correspondence and reprint requests for *J Natl Med Assoc.* 2007;99:xxx-xxx to: Dr. Anouk Amzel, Department of General Pediatrics, Morgan Stanley Children's Hospital of New York, 3959 Broadway, New York, NY 10032; e-mail: aa915@columbia.edu

In 1999, The Henry J. Kaiser Family Foundation in its survey, *Race, Ethnicity & Medical Care*, asked 4,000 Americans their feelings regarding the impact of race and ethnicity on the quality of healthcare.<sup>1</sup> To the question, “How big a problem is racism on healthcare?” 16% of whites, 35% of African Americans and 30% of Latinos answered that it is a “major problem.” To the question, “How often do you think our healthcare system treats people unfairly based on what their race/ethnic background is?” 46% of whites, 56% of African Americans and 51% of Latinos answered “very/some-what often.” Six years later, in 2005, Harvard School of Public Health, with the Robert Wood Johnson Foundation and International Communications Research (ICR), conducted a similar survey of 1,111 Americans.<sup>2</sup> The vast majority did not recognize the existence of disparities in healthcare. Thirty-two percent of respondents overall and 25% of whites, 44% of African Americans and 56% of Hispanic Americans felt that some people “because of their race or ethnicity have worse problems than whites getting quality healthcare.”

Between these two surveys, however, a number of major organizational reports, as well as thousands of scientific studies, have revealed that Americans receive disparate qualities of care depending upon which race or ethnic group they belong. In 2002, the Institute of Medicine (IOM) published *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*,<sup>3</sup> concluding that “racial and ethnic minorities tend to receive a lower quality and intensity of healthcare than nonminorities, even when access-related factors, such as patients’ insurance status and income, are controlled.” These disparities remain unacceptable because “they are associated with worse outcomes in many cases.” In 2003, the U.S. Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ), issued its first annual *National Healthcare Disparities Report*.<sup>4</sup> This report explained that “racial and ethnic minorities have in the past experienced poor health and challenges in accessing high quality care.” The report series was commissioned by the U.S. Congress to track “prevailing disparities in healthcare delivery as it relates to racial factors and socioeconomic factors in priority

populations.” Among the other significant organizational reports which have dealt with the racial/ethnic health gap are HHS’ *Healthy People 2010*<sup>5</sup> and Physicians for Human Rights’ *The Right to Equal Treatment*.<sup>6</sup>

Despite the large number of studies and reports detailing racial and ethnic minority health disparities (MHDs), as the surveys show, the American public remains relatively unaware of the meaning and prevalence of racial/ethnic MHDs. Consequently, many individuals may not link MHDs to adverse personal health outcomes.

To learn about health information, people look to numerous sources: newspapers, magazines, television, radio, the Internet, friends and relatives, and medical providers. Newspapers are best suited for explanations and in-depth analyses of complex concepts like MHD because of the length allowed for in print.<sup>7</sup> Also, they can be read and reread at any desired pace. About 60% of Americans read a newspaper “regularly” (both print and online),<sup>8</sup> while 78.6% read a newspaper during a given week.<sup>9</sup> Eighty percent view newspaper coverage favorably.<sup>10</sup> Although there is evidence that ethnic minority readership of English-language weekday newspapers is lower than that of white readership (in 2005, white: 53%, black/African American: 47%, Asian: 44%, Latino/Hispanic: 33%), the data suggest the non-English speakers are instead reading non-English newspapers.<sup>11</sup>

This study investigates why, despite the large volume of evidence regarding racial/ethnic MHDs accumulated

in the six years between the two opinion surveys, there exists only a mild increase in the knowledge of Americans about this issue. This study explores exactly how much focus newspapers place on these health inequities compared to all health topics. The number of articles American newspapers publish regarding racial/ethnic MHDs serves as a strong proxy for this focus, as well as for overall media attention. This is the first study in the peer-reviewed literature to research the volume of newspaper articles published regarding MHDs and their link to the general public’s perception of MHDs.

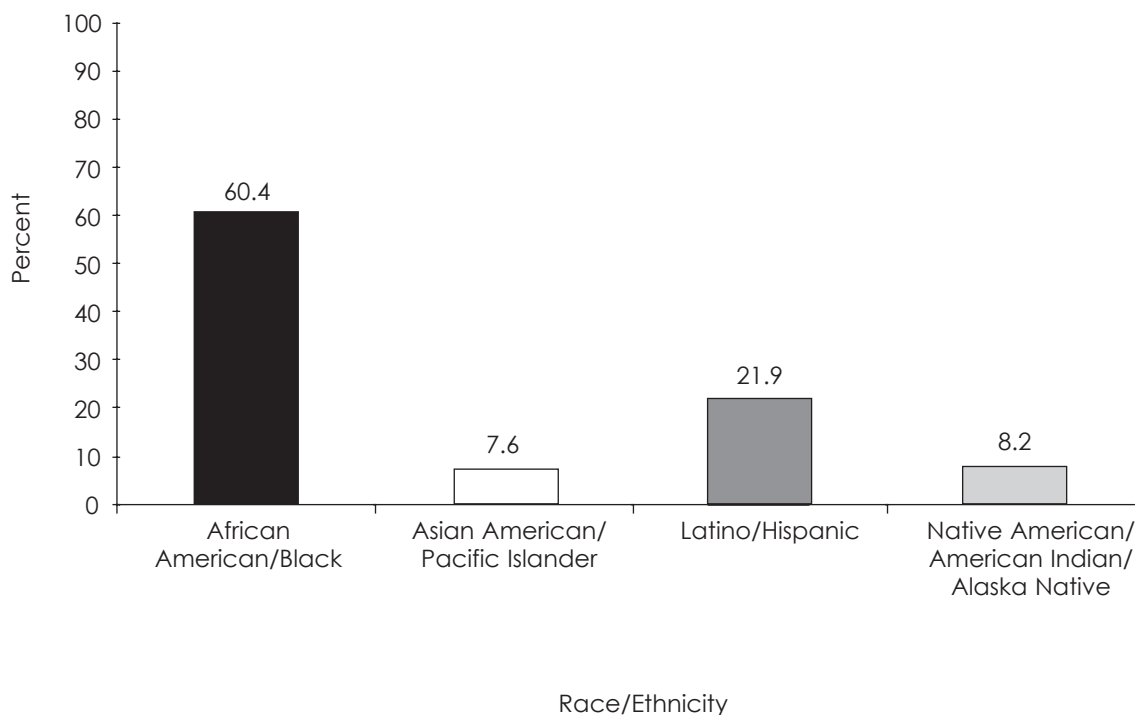
## METHODS

To determine the number of articles in the major newspapers regarding racial and ethnic disparities in healthcare, the LexisNexis® academic database was searched. LexisNexis® has a full-text database of the articles printed in 257 newspapers across the United States. This database is divided by region of the United States: northeast, southeast, midwest and west. The analytic strategy was derived from database assessment for public health as described by Ghosh in 2003.<sup>12</sup>

### Stage 1

For each region, the database was searched from 2000–2004, for any mention of the following key word combinations in full article texts: “racial” or “ethnic or minority,” and “health,” and “disparities” or “gap” or

**Figure 1. Percentage of articles on minority health disparities that mention specific racial/ethnic groups (2000–2004)**



“divide” or “inequity” or “inequality” (e.g., “racial” and “health” and “disparities,” “racial” and “health” and “gap,” etc.)

When identifying the number of articles mentioning health disparities, all duplicates found in the different key word combination searches were counted only once. From this assessment, the total number of articles was tallied.

## Stage 2

A second search of the same time period was performed looking at MHD articles mentioning individual ethnic minority groups.

The word combinations used were: “African American” or “black” or “Hispanic” or “Latino” or “Asian American” or “Pacific Islander” or “native American” or “American Indian” or “Alaska native,” and “health,” and “disparities” or “gap” or “divide” or “inequity” or “inequality” (“Hispanic” and “health and “divide,” “Asian American” and “health” and “inequity,” etc.)

As before, articles were compared for duplicates. To determine the number of articles referencing each specific racial/ethnic group, when an article named more than one race/ethnicity, it was counted for each. From this assessment, a total number of articles discussing each of the separate racial/ethnic minority groups was tallied.

## Stage 3

The overall number of articles discussing race/ethnicity, either generally or specific to a minority group, was totaled by comparing the articles on each minority (stage 2) with the general articles (stage 1) and eliminating duplicates.

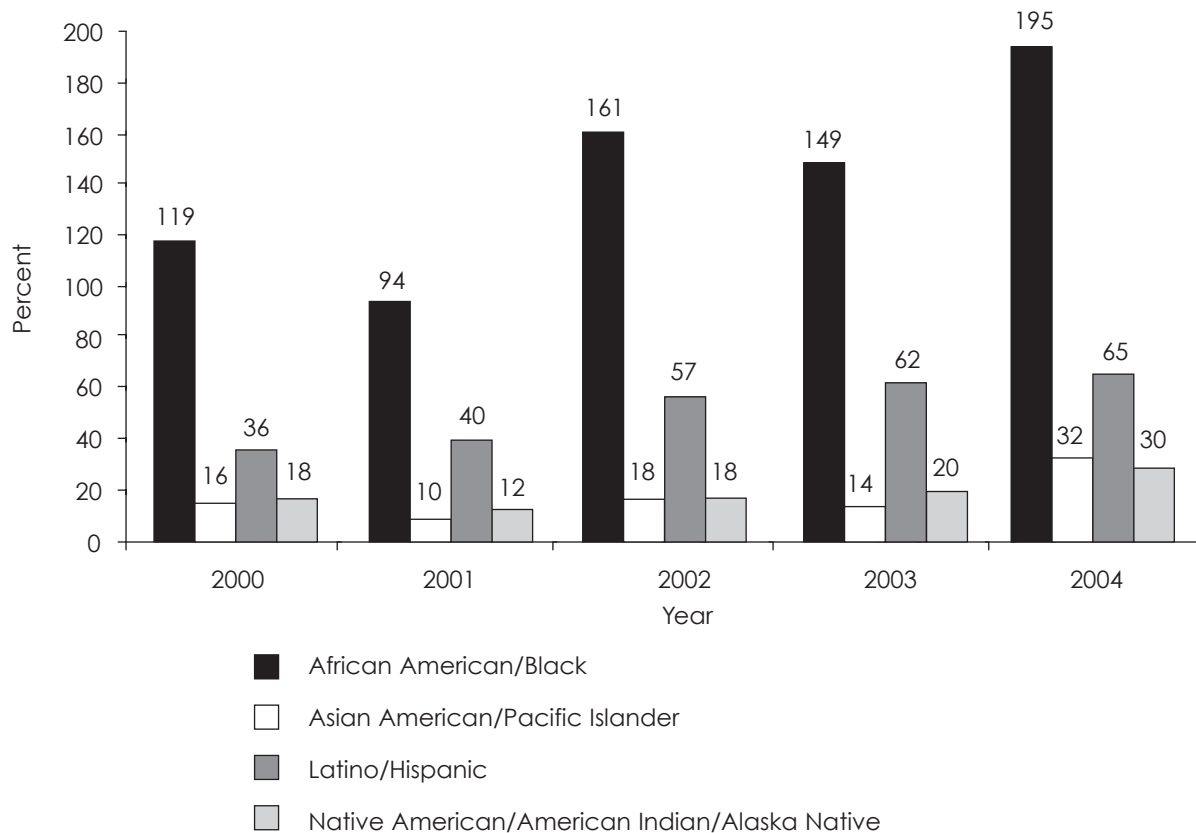
## Stage 4

The full text of each stage-3 article was read and analyzed for subject matter. Articles were divided by topic area depending on the specific issue in MHD described. If an article mentioned more than one issue in MHD, the article was placed in each mentioned topic area group. The results from all the four regions were summed.

## Stage 5

Finally, the LexisNexis® database was queried, using numerous representative multiple-day sequences over the years 2000–2004, using solely the word “health.” This estimated the total number of articles published in this time period about any health issue. That number was used to determine the percentage of all health articles mentioning racial/ethnic health disparities published in the years 2000–2004.

**Figure 2. Number of newspaper articles on minority health disparities mentioning specific race/ethnicity by year, 2000–2004**



## RESULTS

According to LexisNexis®, in the five years from 2000–2004, 1,188 newspaper articles were published regarding disparities in healthcare experienced by racial/ethnic minority groups. This number represents 0.09% of all articles published about health (1,259,624) during that time period.

Of these 1,188 newspaper articles, 718 (60.4%) mentioned African-American health disparities; 260 (21.9%) mentioned Latino health disparities; 98 (8.2%) mentioned native-American health disparities; 90 (7.6%) mentioned Asian-American/Pacific-Islander (API) health disparities. *[Articles that mentioned more than one racial/ethnic group were counted towards each of the groups mentioned. Articles that did not mention any specific racial/ethnic group were not counted at all. Thus, the numbers will not sum to 1,188 and the percentage to 100%.]* (Figure 1). Comparing 2004 to 2000, there was a 63.0% increase in articles mentioning African Americans, 80.6% increase for Latinos, 66.7% increase for native Americans and 100% increase for APIs (Figure 2). Although these percentage increases may seem large, the actual number of articles published each year remains small.

Looking at the number of times any of the four racial/ethnic minority groups were mentioned (out of a total of 1,166 mentions overall), 61.6% concerned African-American health disparities, 22.3% Latino health disparities, 8.4% native-American health disparities and 7.7% API health disparities (Figure 3).

These MHD articles concentrated on the following topics: the release of official reports, coverage of conferences/events, speeches given by high-ranking politicians, and specific diseases and their management. There were 16 different topic types total. Among the 1,188 articles, 220 (15.2%) focused on speeches or lectures given by politicians and high-level state and national health officials. One-hundred-fifty (9.3%) arti-

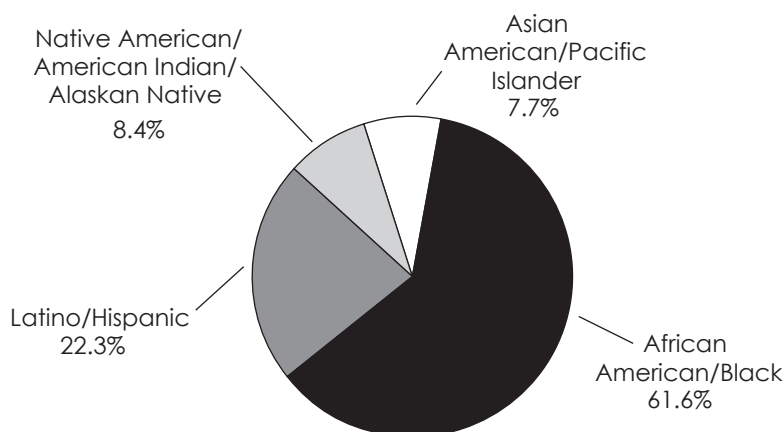
cles concerned conferences, meetings and events about MDH. Another 37 (3.1%) were about the National Institutes of Health's National Center on Minority Health and Health Disparities.

Various official organizational reports garnered attention. IOM's *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* led to 37 (3.0%) articles. AHRQ's *National Healthcare Disparities Reports* were cited in 27 (2.3%) articles. HHS' *Healthy People 2010* was the topic of 13 (1.1%) articles.

Among all articles, 178 (13.3%) mentioned cancer, 166 (11.4%) HIV/AIDS, 156 (9.8%) cardiovascular disease (including hypertension), 108 (8.2%) infant mortality, 84 (6.2%) mental health, 78 (5.7%) diabetes mellitus, 64 (5.4%) immunizations, 34 (2.9%) organ transplants and 22 (1.9%) oral health. The need for more minority physicians as part of the effort to eliminate healthcare disparities was mentioned in 34 (2.9%) articles. *[Articles mentioning more than one topic area were counted towards each topic mentioned. Thus, the numbers will not sum to 1,188 and the percentage to 100%.]*

Many articles discussed more than one topic related to racial/ethnic MHDs. Some topics are mentioned more frequently than others. Looking at the number of times any of the 16 topic areas were mentioned (out of 1,408 total mentions), 15.6% involved a discussion of speeches or lectures given by politicians and high-level state and national health officials; 10.7% conferences, meetings and events about health disparities; 2.6% the NIH's National Center on Minority Health and Health Disparities; 2.6% IOM's *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*; 1.9% AHRQ's National Healthcare Disparities Reports; 0.9% HHS' *Healthy People 2010*; 12.6% cancer; 11.8% HIV/AIDS; 11.1% cardiovascular disease (including hypertension); 7.7% infant mortality; 6.0% mental health; 5.5% diabetes mellitus; 4.5% immunizations; 2.4% organ transplants; 1.6% oral health; and 2.4% the need for

**Figure 3. Percentage of times specific race/ethnicity mentioned in articles on minority health disparities, 2000–2004**



more minority physicians as part of the effort to eliminate healthcare disparities (Figure 4).

## DISCUSSION

Despite the general understanding in the public health community that a gap exists between the quality of care given to racial/ethnic minorities and to the overall U.S. population, according to large national surveys by the Kaiser Family Foundation and by Harvard School of Public Health, RWJ Foundation, and IRC, average Americans are not so informed. Our study reveals that newspaper media coverage on MHDs remains miniscule, at 0.09% of all articles about health. This lack of coverage is perhaps a significant reason for Americans being unaware of the issue.

When assessing what information sparks newspaper coverage in the area of health disparities, no one issue appears dominant, demonstrating the active, but diverse, efforts of medical professionals and communities to bring minority health disparities into discussion. Cancer, HIV/AIDS, and cardiovascular disease-related disparities articles appeared most often, which may reflect both the increased amount of research on these topics and the perceived significance to readership. Overall, regardless of topic discussed, conferences and meetings, along with speeches given by senior-level health officials and politicians, provoked the most attention.

There exist significant differences in the amount of attention individual racial/ethnic minority groups received. By far, the most press was directed to health disparities experienced by African Americans. This preponderance reflects both the volume of disparities research completed regarding African Americans and the per-

ceived significance to national readership.

While health professionals take heed of major organizational studies published by the IOM, HHS and others, general media interest in these seminal documents is nominal. What does garner attention, as previously mentioned, are speeches by high-level health officials and politicians, and conferences, meetings and the like. Overall, as these events are not organized regularly, what results is the public not seeing a full picture of the health disparities debate.

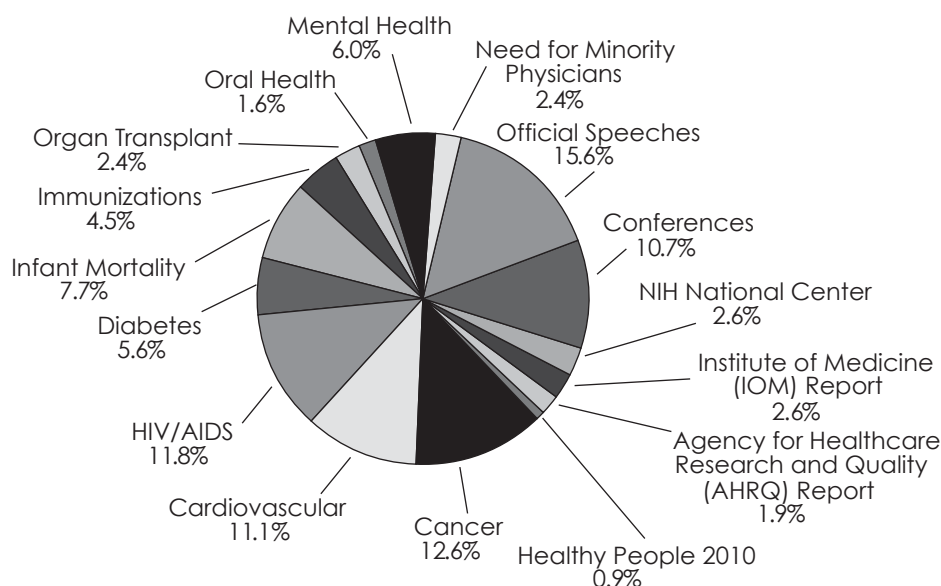
## CONCLUSION

Judging from the variety of MHD topics covered by the few MHD-related newspaper articles published in America's newspapers, it seems that the messages regarding racial/ethnic MHD are unfocused. As the issue of health disparities is complex and being assessed with various approaches and studies, the news media present the topic in a fragmented fashion. The health community must develop a strategy to present a cohesive, consistent, clear, simple message concerning the gap in care. The focus on simplicity remains essential as the IOM estimates that "nearly half of all American adults—90 million people—have difficulty understanding and acting upon health information."<sup>13</sup>

Using social marketing tenets, emphasis could be placed on clarifying the actual term "health disparities," which may not resonate with the lay press and its readership. "Health disparities" could be consistently expressed instead by a catch phrase, like "minorities experience gaps in healthcare quality" or "minority groups get lower quality of medical care."

The many MHD studies published in journals may be

**Figure 4. Percentage of times specific topics mentioned in articles on minority health disparities, 2000–2004**





too disjointed for American attention. The public health community should encourage the press not to detail the specifics of each individual MHD paper released. Instead, the media should be persuaded to present MHD in broad terms, as used in organizational reviews such as those from IOM, HHS and Physicians for Human Rights. There should be greater integration of MHD concepts in general health reporting. Additionally, although disparities faced specifically by African Americans spark much media attention, the public health world, in its simple message, must continue to present MHDs as a phenomenon affecting all minorities regardless of educational, socioeconomic and insurance status.

As different racial/ethnic minority groups access the many sectors of media differently, care must be taken not to focus education efforts by specific racial/ethnic group and its favored media outlet. For example, while Latinos get much of their news from Spanish-language papers, African Americans tend to turn to television.<sup>14</sup> If Latinos read only about Latino-specific MHDs in Spanish-language newspapers and African Americans learn only about African American-specific MHDs on television, there will be less chance of understanding the overall concept of MHDs. There is also less chance of minority groups joining to advocate for disparity elimination and quality improvement. In reality, everyone is exposed to many types of media. The simple message about MHD heard consistently everywhere may be more effective than the many different media messages this study shows we have now.

Our study has found that much media attention is concentrated on health-related speeches by senior health officials and politicians. Therefore, those who support and promote research on disparities—the government, foundations, academics, medical and public health associations, journals—would be better able to publicize the MHD debate if they maintained stronger professional relationships with senior health officials and politicians. Keeping these individuals abreast of the latest research on MHDs may push the topic to the headlines. In addition, actively forging sustained links with individual reporters could also promote and guide the discussion around MHDs. In preparing for collaboration, practitioners and researchers must distill complex MHD concepts for the general public. It must be recognized that, in this case, clinicians, as providers of direct medical care and major players in both the existence of and the efforts to eliminate MHDs, are included as part of the “general public,” as they also read the lay press.

Although it is reasonable for newspaper reportage to serve as a proxy for all media news sources, for a more complete picture of how Americans are exposed to the concept of racial/ethnic MHD, multiple additional outlets should be assessed, including television, radio, magazines and the Internet. This study concentrates on the quantity of newspaper exposure. The next step is to determine the quality of the reportage. Looking at the ef-

fectiveness of word-of-mouth dissemination regarding MHDs should also become an area of review.

Understanding the prevalence of MHDs has become particularly important for the general population because of the rise of consumer-directed healthcare options. Americans may have difficulty making sound medical choices without knowledge that these disparities exist and affect quality. To prevent consumer distress, along with analysis of the MHD problem, the media message should include discussion of current efforts towards the elimination of these disparities.

At this stage, the public health community must first agree on its simple, direct message regarding health disparities. That message must be disseminated recurrently to senior health officials and politicians, as well as to reporters. More frequent population surveys could determine the effectiveness of the message and, ultimately, the quality of communication. With cohesion and consistency, the health world could positively affect both the quantity and the quality of MHD reporting.

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